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PRESRIPTION COMPOUNDING FOR

OBSTETRICS & GYNECOLOGY

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FEMALE SEXUAL AROUSAL DISORDER

The following study found that sildenafil appears to significantly improve both subjective and physiologic parameters of the female sexual response - “Effect of sildenafil on subjective and physiologic parameters of the female sexual response in women with sexual arousal disorder” (J Sex Marital Ther. 2001 Oct-Dec;27(5):411-20).

**ABSTRACT:** “Sexual dysfunction is a complaint of 30-50% of American women. Aside from hormone replacement therapy, there are no current FDA-approved medical treatments for female sexual complaints. The goal of this pilot study was to determine safety and efficacy of sildenafil for use in women with sexual arousal disorder (SAD). Evaluations were completed on 48 women with complaints of SAD. Physiologic measurements, including genital blood flow, vaginal lubrication, intravaginal pressure-volume changes, and genital sensation were recorded pre- and postsexual stimulation at baseline and following 100 mg sildenafil. Subjective sexual function was assessed using a validated sexual function inventory at baseline and following 6 weeks of home use of sildenafil. At termination of the study patients also completed an intervention efficacy index (FIEI). Following sildenafil, poststimulation physiologic measurements improved significantly compared to baseline. Baseline subjective sexual function complaints, including low arousal, low desire, low sexual satisfaction, difficulty achieving orgasm, decreased vaginal lubrication, and dyspareunia also improved significantly following 6 weeks home use of sildenafil. Sildenafil appears to significantly improve both subjective and physiologic parameters of the female sexual response. Double-blind, placebo-controlled studies are currently in progress to further determine efficacy of this medication for treatment of female sexual dysfunction complaints in different populations of women.” PMID: 11554201

This review states that the trials show that sildenafil citrate is moderately effective in treating FSAD, and that it also may be effective in women with FSAD secondary to multiple sclerosis, diabetes or antidepressant use - “Sildenafil citrate for female sexual arousal disorder” (Nat Rev Urol. 2009 Apr;6(4):216-22).

**ABSTRACT:** “Female sexual arousal disorder (FSAD) is a common disorder encountered in clinical practice, with self-reported arousal difficulties reported in up to 26% of American women. Various oral therapies for FSAD have been studied, including sildenafil citrate, a phosphodiesterase inhibitor that is currently used to treat male erectile dysfunction. In vitro studies of sildenafil citrate have demonstrated smooth-muscle relaxation in clitoral tissue, and phosphodiesterase type-5 has been shown to be present in vaginal, clitoral and labial smooth muscle; these findings have led to theories that sildenafil citrate might be successful for treating FSAD. This Review discusses the data from clinical trials that have assessed sildenafil citrate for the treatment of FSAD; the trials show that sildenafil citrate is moderately effective. Sildenafil citrate may also be effective in women with FSAD secondary to multiple sclerosis, diabetes or antidepressant use; however, more trials in these patient populations are required to confirm these findings.” PMID: 19352396

With our state of the art compounding lab and pharmaceutical knowledge and experience, we can compound sildenafil as a topical cream in several different strengths to meet your individual patient’s needs.

An example of how you might prescribe follows:

**COMPOUNDED MEDICATION**

**Sildenafil 1% Vaginal Cream**

30gm

Apply 1gm 30 minutes prior to sexual relations
We have the ability to compound transdermal hormones (BHRT) to meet the unique needs of each one of your patients. We would be happy to discuss specific medical cases with you, and provide assistance in treating those patients that you deem appropriate for BHRT.
VA G I N A L  L I C H E N  P L A N U S

The following study concludes that intravaginal hydrocortisone suppositories are an effective treatment for vulvovaginal lichen planus - “Treatment of vulvovaginal lichen planus with vaginal hydrocortisone suppositories” (Obstet Gynecol. 2002 Aug;100(2):359-62).

OBJECTIVE: To estimate the effectiveness of vaginal hydrocortisone suppositories in the treatment of vulvovaginal lichen planus.

METHODS: A nonprobability sample of 60 patients diagnosed with vulvovaginal lichen planus were treated with intravaginal hydrocortisone 25-mg suppositories (1-1/2) twice a day. The dose was tapered to two times a week dosing after several months to maintain symptom-free disease. The participants’ charts were reviewed and pretreatment symptoms and physical examination were compared to posttreatment symptoms and physical examination. Data were analyzed using McNemar chi(2).

RESULTS: The sample population included mostly white (86.7%) patients with a mean age of 58 years. Forty-three participants had complete data with follow-up subjectively and objectively after treatment. Most symptoms (eg, vulvar burning, pruritis, dyspareunia, vaginal discharge) were improved and the improvement was found to be statistically significant. Sexual activity was unchanged in the women. Additionally, most physical findings by examination (eg, erythema, erosions, vulvar and vaginal lesions) were improved and the improvement was found to be statistically significant. Vaginal stenosis did not significantly improve. Treatment was continued in 35 patients with a mean duration of 28.1 months. There was overall improvement in 81% subjectively and in 76.8% objectively.

CONCLUSION: Intravaginal hydrocortisone suppositories are an effective treatment for vulvovaginal lichen planus. PMID: 12151163

With our state of the art compounding lab and pharmaceutical knowledge and experience, we can compound hydrocortisone as a vaginal suppository.

An example of how you might prescribe follows:

<table>
<thead>
<tr>
<th>COMPOUNDED MEDICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocortisone 37.5mg</td>
</tr>
<tr>
<td>Vaginal Suppository</td>
</tr>
<tr>
<td>#60</td>
</tr>
<tr>
<td>Insert 1 suppository vaginally BID</td>
</tr>
</tbody>
</table>
**Female Sexual Arousal Disorder**

- **Sildenafil 1% Vaginal Cream**
  - Quantity: 30gm
  - Directions: Apply 1gm 30 minutes prior to sexual relations

**Menopausal Hormonal Symptom Control**

We would be happy to discuss specific medical cases with you, and provide assistance in treating those patients that you deem appropriate for BHRT.

**Vaginal Lichen Planus**

- **Hydrocortisone 37.5mg Vaginal Suppository**
  - Quantity: #60
  - Directions: Insert 1 suppository vaginally BID

**Directions**

- 

Prescriber’s Signature______________________________  Refills: 1 2 3 4 5 6 7 8 9 10 11 12  NR

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